

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 585015

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		2		
5	1		1			
6		1		1		
7		0		2		
8		0		2		
9		0		2		
10		0		2		
11		0		2		
12		0		2		
13		0		2		
14		0		2		
15		0		2		
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22				2		
23				2		
24				2		
25				2		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	46	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						